

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 JAN 14 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 0040000 86J89.

1. Corporation Name

Mar Painting, Inc.

2. Principal Office Address - No P.O. Box #

426 NW 2 ST

Suite, Apt. #, etc.

City & State

Homestead FL

Zip

33030

Country

U.S.A

3. Mailing Office Address

11

Suite, Apt. #, etc.

11

City & State

11

Zip

11

Country

**REINSTATEMENT** 07-09

4. Date Incorporated or Qualified To Do Business in Florida

6/2/09

5. FEI Number

70-1196040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ralph A Tenorio Valencia

Street Address (P.O. Box Number is Not Acceptable)

426 NW 2 ST

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/29/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ralph A Tenorio Valencia	426 NW 2 ST	Homestead, FL 33030

800140605218  
01/14/09--01006--012 \*\*150.00

800140605218  
01/14/09--01006--013 \*\*300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/08

Daytime Phone #

786-298-9227

2008/12/29

MAR PAINTING, INC.  
426 NW 2 ST  
HOMESTEAD, FL 33030  
786.298.9227

December 29, 2008

Florida Department of State  
Division of Corporations

Re: **MAR PAINTING,INC.**  
**P04000086589**

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking for the fine to be waived. I never received any notice in the mail. Any questions please don't hesitate to contact me.

Sincerely,

Ralph A. Tenorio Valencia  
President

